## **Board Update**

Mental Health & Recovery Services (MHRS) Board Serving Coshocton, Guemsey, Morgan, Muskingum, Noble & Perry Counties 1500 Coal Run Road, Zanesville, Ohio 43701

Phone: 740-454-8557

Regular Board Meeting Highlights February 8, 2024

## Financial Matters

- <u>Reconciliation Report:</u> Under the guidance of Finance/Audit Committee Chair Dr. Dan Scheerer, board members reviewed and approved the January 2024 Reconciliation Report that showed deposits, checks written for MHRS Board operations, payments to in-network contract service providers and out-of-network community partners, and journal entries.
- •Other January Financial Reports: Board members reviewed the following: 1) Contract Services Expenses; 2) Balance Sheet as of January 31, 2024; 3) Network Funding Reserves; 4) a 'Year-to-Date' status report for the MHRS Board's CY 2024 Operating Budget; and (5) a Dashboard Report that provides a high-level overview of key fiscal indicators.
- <u>Payments for Mental Health & Addiction Recovery Treatment and Support</u>
  <u>Services:</u> Below is a breakdown of January payments for the provision of treatment and support services for persons with mental illness and/or addictions:

Accounts Payable	In-Network Providers	Out-of-Network Partners	TOTAL
Jan. 5, 2024	\$300,902.39	\$85,247.47	\$386,149.86
Jan. 16, 2024	\$310,434.49	\$21,889.44	\$332,323.93
Jan. 29, 2024	\$358,091.98	\$394,860.39	\$752,952.37
TOTAL	\$969,428.86	\$501,997.30	\$1,471,426.16

#### Other Actions:

- ◆ <u>Appropriation of Unencumbered Funds from December 31, 2023</u>: Approved the appropriation of \$10,534,124.05 in unencumbered funds from December 31, 2023, to the CY 2024 budget in the Contingency Funds Line Item.
- ♦ <u>Substantial Changes in FY 2025 Contracts 120-Day Notice:</u> Board members approved a resolution, that detailed agency-specific language that will be included in 120-day notices to contract organizations regarding substantial contract changes. The changes were related to 1) 6.10 *Transfer of Real Property*; 2) the MHRS Board's new Request for Funding (RFA) process; and 3) noting that additional contract terms may be necessary, and the MHRS Board will provide notice of such changes as a supplement to the 120-day notice. Contract organizations included in

Executive Director
Misty Cromwell

#### **Board of Directors**

Sean Brady
Reid Carpenter
Abby Corder
Leondra Davis
Randi Earnest
Megan Gee
Dennis Hitchcock
Sue Hoover
William Johnson
Tony Mayle, Jr.
Dan Scheerer, M.D.
Wendy Starlin
Ben Taylor
Bonnie Taylor

**Board President** 

Sue Hoover

**Board Vice President**Leondra Davis

#### <u>Mission Statement</u>

Our mission is to distribute federal, state, and local funding to community mental health providers in a way that facilitates the existence of (and access to) high-quality mental health and substance use recovery services in our six counties.

the resolution are: Allwell Behavioral Health Services, Coshocton Behavioral Health Choices, Guernsey Health Choices, Morgan Behavioral Health Choices, Muskingum Behavioral Health, Perry Behavioral Health Choices, and the Forensic Diagnostic Center of District 9.

- ♦ <u>Special Allocation Oxford House</u>: Approved the allocation of \$128,000.00 to Oxford House, Inc. for the development of recovery housing within the MHRS Board's service area. Oxford House's recovery housing concept is a democratically-run, self-supporting, and drug-free home. Oxford Houses represent an effective and low-cost method of preventing relapse.
- American Rescue Plan Act (ARPA) Actions: Approved the creation of a new expense account for ARPA funds and then approved the transfer of \$3,000,000 from the MHRS Board's Contingencies Line Item to the new expense account. This will facilitate the processing of invoices related to upcoming ARPA projects for enhancing crisis services: 1) a regional Youth Crisis Stabilization Unit; 2) a Youth Crisis Wing within the Genesis Healthcare System; 3) Allwell Behavioral Health's transition to the EPIC electronic health record system; and 4) a Behavioral Health Urgent Care facility in Cambridge, Ohio.

# MHRS Board's Continuum of Care – Tier #3 Recovery Supports (Including Specific Information about CORE Enterprises)

Under the guidance of Partners Workgroup Chair Randi Earnest, committee members reviewed the network's Tier #3 Recovery Supports. (*The Substance Abuse & Mental Health Services Administration (SAMHSA) lists four categories that support mental health and addiction recovery:* 1) Health; 2) Home; 3) Purpose; and 4) Community.) The MHRS Board's network of care provides the following recovery support services as noted in Tier #3 of the network's continuum of care:

- Recovery Housing
- Addiction Recovery Residential Centers
- An Addiction Recovery Training Center
- Transitional and Supportive Housing
- Adult Care Facilities
- Two State-Operated Group Homes
- Peer Recovery Supporters and Coaches
- Parent Mentoring
- A Consumer-Operated Drop-In Center in Zanesville
- Addiction Treatment Programs Via Court Services
- NAMI Six County Family Support
- Allwell Behavioral Health's CORE Vocational Services

#### CORE Vocational Services



Daniel Bhandari, Director of Allwell Behavioral Health's CORE Program, met with the Partners Workgroup to discuss the importance of vocational services. The CORE program is designed to meet the changing vocational and employment needs of clients. The primary barriers to employment success are: 1) fear of losing healthcare benefits; 2) substance abuse; 3) lack of a high school diploma; 4) criminal records; and 5) lack of transportation.

The CORE Program offers two main programs: Job Training and Community Employment Services.

CORE's Job Training Work Center provides training for Allwell clients who are unemployed or underemployed. The program offers support and supervised practice to strengthen five areas: 1) work habits; 2) worker personality; 3) workplace relations; 4) physical readiness; and 5) emotional readiness.

The Community Employment Services Program is designed to assist Allwell clients with obtaining and maintaining employment in the community and offers job-seeking skills training, job development, job analysis, community-based assessments, personal and social adjustment coaching, benefits counseling, and job coaching.

CORE also has work enclaves and mobile work crews (custodial crews and lawncare crews) and office training with the opportunity to participate in office placements/apprenticeships.

## Annual Performance Review - Executive Director

As prescribed by the Ohio Revised Code, the MHRS Board of Directors annually conducts an evaluation of the Executive Director's performance and sets the Director's salary for the coming fiscal year. Board members reviewed the Executive Committee's evaluation report and set Director Misty Cromwell's FY 2025 salary (effective July 1, 2024) at \$112,000.00. Dr. Scheerer noted that the approved salary amount is based on an assessment of executive director salaries at similarly-sized MHRS Boards across the state. (Board members completing the evaluation were President Sue Hoover, Vice President Leondra Davis, and Committee Chairs Dr. Dan Scheerer and Randi Earnest.)

President Hoover praised Director Cromwell for her overall high-quality performance and specifically noted the following: 1) the development of an RFA process for selecting contract service providers; 2) the excellent manner in which she keeps board members apprised of network operations; 3) her outstanding relationships with community partners; and 4) her significant involvement with the Ohio Association of County Behavioral Health Authorities.

### 2022 Ohio Gambling Survey

Included in the February electronic board meeting packet were highlights from the 2022 Ohio Gambling Survey. Also included were details about an upcoming MHRS Board social media campaign to prevent young people from becoming involved in gambling activities.

- Amid the rapid expansion of the sports gambling and gaming industry, Ohio is promoting responsible gambling and the prevention and treatment of gambling disorders.
- An estimated 1,806,490 adult residents in Ohio can be categorized as low-risk, moderate-risk, or problem gamblers (or 19.8% of the general adult population). The prevalence of adult problem gambling in Ohio is 2.8%, which is an estimated 254,729 individuals.
- For individuals between the ages of 18-24, 11.5% of the population were identified as follows: 19.7%, non-gamblers; 56.1%, non-problem gamblers; and 24.1%, at-risk / problem gamblers.
- Based on survey data, problem gambling is often related to a higher co-occurrence of risk factors, including a family history of gambling problems, using alcohol or drugs, gambling while intoxicated, experiencing serious depression, and experiencing serious stress.

### The Suicide Prevention Plan for Ohio (2024-2026)

This plan notes that in Ohio about five people a day—family, neighbors, friends, and loved ones—die by suicide. Ohioans may experience stress, mental illness, and/or thoughts of suicide, but often, these issues are not recognized in time for a life to be saved. Suicide is a public health issue that requires solutions that are rooted in evidence to increase protection of and care for those who are struggling with suicidal thoughts. Most people who die by suicide use firearms. In 2021, 56% of suicide deaths in Ohio involved firearms, 25% were the result of suffocation (e.g., hanging), and 9% were the result of drug poisoning.

Which groups are most affected by Suicide in Ohio? The following groups experience disproportionately high rates of suicide in Ohio.

*Ohioans Living in Rural and Appalachian Regions:* Of the 15 counties with the highest suicide rates between 2017-2021, nine were Appalachian and five were rural, non-Appalachian.

*Males:* In 2021, more than 80% of suicide deaths in Ohio were among males.

**Young Adults:** Ohioans between the ages of 25 and 34 had the highest rate of suicide in 2021, with Ohioans ages 35-44 experiencing the second-highest rate.

*Veterans:* Nationally, in 2020, the suicide rate for Veterans was more than two times higher than the rate for non-veteran adults.

**LGBTQ+ Ohioans:** These individuals are 4.8 times more likely to consider suicide and 4.3 times more likely to attempt suicide than their heterosexual peers.

*Ohioans with Disabilities:* In 2021, a national survey found that people with disabilities were three times more likely to report suicidal ideation compared to people without disabilities.

The plan's goals are:

- 1. Strengthen public knowledge.
- 2. Reduce and address stigma.
- 3. Expand and sustain Suicide Prevention Coalition capacity.
- 4. Increase safe storage of lethal means.

#### STOP THE STIGMA DO'S AND DON'T'S

<ul> <li>DO call the Suicide and Crisis Lifeline at 988, if you or someone you know is in crisis.</li> </ul>	<ul> <li>DON'T share graphic or shocking details about suicide. Stick to non-sensational facts.</li> </ul>
<ul> <li>DO tell stories of how others were supported during a crisis.</li> </ul>	<ul> <li>DON'T depict suicide methods or locations.</li> <li>Keep the information general.</li> </ul>
■ <b>DO</b> offer support when talking about suicide.	<ul> <li>DON'T describe suicide as selfish, cowardly, or sinful—as it is none of these things.</li> </ul>

Local Suicide Awareness and Prevention Efforts: The MHRS Board's service area has Suicide Prevention Coalitions in Coshocton, Morgan, Muskingum, Guernsey/Noble, and Perry Counties. These groups are regularly meeting to discuss ways to enhance suicide awareness in their communities and to offer support and resource information to individuals and families facing suicidal issues, as well as to family members and friends who have lost a loved one to suicide. For more information about the Coalitions, contact the MHRS Board's Care Management Director Jamie McGrew at jamiem@mhrs.org.